	1. DATE SUBMITTED 2/07/00						
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).							
2. ORIGINATOR OFFICE 3. SUB Name: \( \)	MITTING AUTHORITY Ward Seguin	4. COGNIZANT TEC Name: Chris Dietz	CHNICAL INDIVIDUAL	5. ORIGINATOR TRACKING NUMBER			
APO Routing	g Code: W/APO1	Routing Code: W/AF Phone:(301) 713-15		RC_APO33			
6. SYSTEMS AFFECTED BY CHANGE	7. WSH TRACKING NUMBER						
☐ ASOS	□ DATA PRODUCTS (Complete Data Products Supplement)         □ ASOS       □ AWIPS       □ CRS       □ NEXRAD       □ OTHER (specify)       □ OTHER						
8. TITLE OF CHANGE Enable the NWWS Scheduler to train	nsmit products successfull	ly (Modify scheduler so	oftware)				
9. TYPE OF CHANGE			10. SITES AFFECTED (Atta BIS (See attachment A1A	tach Part B, Page 2, if needed for details).			
☐HARDWARE X SOFTV	NARE DOCUME	ENTATION ONLY		Tol detailsy.			
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.)  The current NWWS Scheduler software occasionally stops processing data but still reports successful data transmission.  Also, In the event that the C200 Controller is down, the NWWS Scheduler still continues to transmit data that are not received nor  recovered upon restoration of the C200 Controller (See REVISED attachment, with Two added DR's, A1B for the DR list)							
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.)  Modify the NWWS Scheduler software to enable the capability to successfully transmit data (See attachment A1C for installation instructions).							
13. ALTERNATE SOLUTIONS							
None.							
	CHANGE DATE  This date is the earliest possible date that the change could be implemented at the sites.						
	CC	CB/PMC/CMB DEC	CISION				
16. DECISION AUTHORITY LEVEL	☐ CCB LEVEL OF	NLY	PMC or NWS CMB DECISION REQUIRED				
17. CCB LEVEL DECISION	☐ APPROVED		SIGNATURE				
	☐ RECOMMEND	D APPROVAL	DATE SIGNED				
	☐ DISAPPROVE	DISAPPROVED					
FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED							
18. PMC OR NWS CMB DECISION	☐ APPROVED		SIGNATURE				
	☐ DISAPPROVE	.D	DATE SIGNED				

NWSRC Form 1001, 9/15/99

## 1. ORIGINATOR TRACKING NUMBER NWS CHANGE FORM **PART B** RC APO33 All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not 2. WSH TRACKING NUMBER apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject. FUNDING INFORMATION 3. SOURCE OF 4. TOTAL COST Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative **FUNDING** time, and software development time when applicable.) 5. DEVELOPMENT COSTS (Estimate development costs) KMOD **AMOUNT** This cost is associated with R4.2 maintenance BASE \$ 6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) BASE AMOUNT \$0 N/A 7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs) KMOD AMOUNT BASE \$0 8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) **AMOUNT** N/A \$0 KMOD **AMOUNT** 9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) **BASE** This change will be pushed to BIS by the NCF as directed by the SST 9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) KMOD **AMOUNT** Contractor (PRC) - NCF Operations Unknown SUPPORTING INFORMATION AND SCHEDULES Provide detailed information needed to implement the requested change. 10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta 11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Test, and OT&E) Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) N/A 12. IMPLEMENTATION/RETROFIT SCHEDULE 13. FACILITY INFORMATION (Attach facility drawings/plans.) N/A 14. COMMUNICATIONS INSTALLED (Type required, who will order, and 15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED associated hardware required; attach Part B, Page 2, if needed.) N/A 16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or 17. COORDINATION OF CHANGE WITH OTHER CHANGES organization responsible for obtaining each) The site has to be an uplink site with R4.2 running N/A 18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and 19. STAFF RESOURCE IMPACTS (Skills and workload impact on document numbers. Attach Part B, Page 2, if needed.) maintainers, operators, and managers.) No recurring workload impacts. N/A 20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support 21. OPERATIONAL IMPACTS (Include continuity and back up needs equipment impacts.) and plans.) N/A N/A 22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) SST will install the change at the site with assistance from the APO Engineer.

NWS CHANGE FORM PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT				1. ORIGINATOR TRACKING NUMBER RC_APO33					
This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.)					2. WSH TRACKING NUMBER				
	4. REMOVE		R CONFIGURATION	6. SUPERSEDING PART NUMBER OR NEW	7. DOC TYPE			9. SUPERSEDING DOCUMENT	
VERSION, OR SITE LOCATION	REPLACE MODIFY	A. PART NUMBER OR CONFIGURATION	B. SERIAL NUMBER(S) OR COMMENTS	CONFIGURATION		A. IDENTIFIER	B. REV	A. IDENTIFIER	B. REV
N/A									
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Part B - Page 2 (Physical Item and Document Impact Matrix Supplement)

NWS	1. ORIGINA RC_APO:	TOR TRACKING NUMBER  33					
WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.				RACKING NUMBER			
3. CCB COST EVALUATION							
NWS COST \$ FAA COST \$ DOD COST \$ OTHER AGENCY COST \$ TOTAL COST \$ (SPECIFY)							
4. IMPLEMENTATION DOCUMENTS REQUIRE	D						
☐ Engineering Modification Note	Software Release Notes		er Document (Specify)				
ADDITIONAL IMPLEMENTATION INSTRUCTION documentation required, and status reporting is completion of the implementation activity.	NS (e.g., Implementation schedule, paranstructions.) Include documentation, d	ts shipping instruction ata input, notification	ns, equipment disposa vehicle, or specific ac	l procedures, additional ction step required to verify			
		6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE	8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION			
A. Coordinated implementation schedule with	the site through SST	9 Feb 00	Thigpen/SST,	N/A			
B. NCF Push the change to the site as directed	ed by SST	11 Feb 00	W/APO3 Thigpen/SST, W/APO3	See item C			
C. Ensure this change is reported to the Weat through the Engineering Management Reportin instructions in Engineering Hanbook number 4, (NWS529) in Block 17a of the EMRS report.	06 Mar 00	Finke, W/CR41x4 Machado, W/ER41x4 Garcia, W/SR41x4 Fahy, W/WR411					
D. Ensure the appropriate WSH management configuration management data bases are upd	20 Mar 00	Michelle deTommaso W/OSO113					